MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/ 587901

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51							
2		2		1			52							
3		2		1			53							
4		3		1			54							
5		4		1			55							
6		5		1			56							
7		6		1			57							
8		7		1			58							
9		8		1			59							
10		9		1			60							
11		8		1			61							
12		4		1			62							
13		1		1			63							
14		1		1			64							
15		0		1			65							
16		8		1			66							
17		8		1			67							
18	1		1				68							
19							69							
20							70							
21							71							
22							72							
23							73							
24							74							
25							75							
26							76							
27							77							
28							78							
29							79							
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36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.		2					TOTAL IND.							
TOTAL DEP.		16					TOTAL DEP.							
TOTAL CLAIMS		18					TOTAL CLAIMS							